

**OFFICES OF COMMUNITY ASSISTANCE  
KAUAI COUNTY HOUSING AGENCY  
4444 Rice Street, Pi'ikoi Building–Suite 330, Lihue, Kauai, Hawaii 96766  
Telephone: (808) 241-4444  
Fax: (808) 241-4495**

**COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM**

**Application Package  
Fiscal Year 2005  
(July 1, 2005 - June 30, 2006)**

**Application Package consists of:**

- Application form
- Project schedule form and instructions
- Project budget form

**Instructions:** Complete a separate application for each project you are proposing. All questions in the application must be answered. Refer to the fact sheet for more detailed explanations. If a question is not applicable to your project, mark it as not applicable (N/A).

Number each page and identify all attachments. Include all attachments at the end of the application. Please call Jo Shimamoto at (808) 241-4428 between the hours of 8:30 a.m. to 4:00 p.m. on weekdays if you have questions.

An electronic copy of this application is available on diskette upon request. The Kauai County Housing Agency (KCHA) uses Microsoft Word 2002.

**One (1) original, signed application, including attachments must be submitted to the Offices of Community Assistance, Kauai County Housing Agency, 4444 Rice Street, Pi'ikoi Building – Suite 330, Lihue, Kauai, Hawaii 96766, no later than 4:30 p.m. on Friday, January 7, 2005.**

KCHA suggests personal delivery of the application to ensure timely receipt. Applications may be mailed but risk of late delivery lies with the applicant. FAX or e-mail applications will not be accepted.

Applications submitted will become the property of KCHA and will not be returned. Applicants are responsible for making their own copies.

RECEIVED: \_\_\_\_\_

**APPLICATION FOR COMMUNITY DEVELOPMENT BLOCK GRANT  
FISCAL YEAR 2005**

\_\_\_\_\_  
**Applicant Name**

\_\_\_\_\_  
**Project Title**

**Part I**  
**APPLICANT INFORMATION**

A. Applicant

Type of Organization:    ☐ For Profit\*                      ☐ Non-Profit                      ☐ Government

\*For Profit Only:                      ☐ Individual                      ☐ Partnership    ☐ Corporation

Legal Name of Organization or Business \_\_\_\_\_

Address: Mail \_\_\_\_\_

Street \_\_\_\_\_

E-mail \_\_\_\_\_

Contact Person/Position Title \_\_\_\_\_

Telephone \_\_\_\_\_ Cellular \_\_\_\_\_ Fax \_\_\_\_\_

Start Date of Business / Date of Incorporation \_\_\_\_\_

General Excise Tax # \_\_\_\_\_ Federal ID # \_\_\_\_\_

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**I certify that all of the information provided in this application is true and correct.**  
**(Application is not complete without signature.)**

Print Name and Title of Authorized Official \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Authorized Official

**Part II**  
**PROJECT CONCEPT**

- A. Briefly describe the project, including project objectives and goals, and explain how the funds will be used (100 words maximum).

- B. Project Site: Street Address \_\_\_\_\_  
Town, State and Zip Code \_\_\_\_\_  
Tax Map Key Number \_\_\_\_\_

- C. Project Funds: (A detailed, line item budget for this project must be included in Part V.)

CDBG Funds Requested: \_\_\_\_\_

Other Project Funds: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TOTAL FUNDS: \_\_\_\_\_

- D. If you have not applied for other funding, explain why.

- E. Are CDBG funds being requested as a: ☐ Grant ☐ Loan ☐ Either grant or loan  
If a loan, describe your proposed terms for repayment.

F. Previous Project Implementation

1) Has your organization done or attempted to do this project before? ☐ Yes ☐ No  
If yes, please answer the following questions. If you do not have specific information, provide estimates.

5) When was the project previously done or attempted? \_\_\_\_\_

6) How was it funded? \_\_\_\_\_

4) Is the project still in progress? ☐ Yes ☐ No

5) Total number persons served since project began. \_\_\_\_\_

6) Total number of low- and moderate-income persons or households served since project began. \_\_\_\_\_

G. Will the project need CDBG funds in the future? ☐ Yes ☐ No  
If yes, (1) How much? (2) When will the funding be needed? (3) Why is continuing funding needed?  
(4) How will your project continue after the CDBG funding has ended?

H. National Objective: The proposed project must meet one of the following national objectives.  
Indicate which of the following objective applies to your project. (Check one only.)

1) \_\_\_\_ Benefiting low- and moderate-income persons.

2) \_\_\_\_ Preventing or eliminating slums or blight.

3) \_\_\_\_ Meeting other community development needs having a particular urgency because existing conditions pose a serious and immediate threat to the health or welfare of the community and other financial resources are not available to meet such needs. Existing conditions must have occurred within the last 18 months prior to application.

I. National/KCHA Priorities: Which one of the following priorities does your proposed project primarily address? Check one priority and the appropriate activity(ies).

1) \_\_\_\_ Housing (Infrastructure and other projects which directly support a specific housing project is considered housing projects under the CDBG program.)

☐ Increase the housing inventory for lower-income persons.

☐ Prevent the loss of lower-income housing due to deterioration or conversion to higher income units.

☐ Public facilities construction and improvements that directly support housing related activities, including homeless shelters.

2) \_\_\_\_ Public Facilities and Improvements

- ☐ Removal of architectural barriers that restrict the accessibility of elderly or handicapped persons.
- ☐ Acquisition, construction, reconstruction, rehabilitation or installation of publicly owned facilities which provide (but are not limited to) recreation, education, health care, social development, independent living, physical rehabilitation, vocational rehabilitation and homeless programs.

3) \_\_\_\_ Public Services

- ☐ Provide a new public service.
- ☐ Provide a quantifiable increase in the level of an existing service.

4) \_\_\_\_ Economic Development

- ☐ Support business located in lower income area and which employ lower income residents of the area.
- ☐ Provide support service facilities which allow lower income persons to prepare for, obtain, and retain gainful employment.

J. Public Benefit

- 5) Estimate total number of **persons** to be served by this project. \_\_\_\_\_
- 2) Estimate number of **households** to be served by this project. \_\_\_\_\_
- 3) Calculate the public benefit. \$ \_\_\_\_\_  
(Total funding divided by total number of persons proposed to be served = public benefit.)

K. Identify the **primary** beneficiaries this project will serve. Check the appropriate categories below and answer related questions. Keep in mind that you will be responsible to achieve these numbers.

- 1) Low-and moderate:
  - \_\_\_\_ a. Area benefit. What percentage is low/mod? \_\_\_\_\_  
Geographical areas to be served? \_\_\_\_\_
  - \_\_\_\_ b. Individual benefit. How many? \_\_\_\_\_ ; % of total served? \_\_\_\_\_
  - \_\_\_\_ c. Limited Clientele Benefit. Circle one.
    - i) "Severely disabled" adults How many? \_\_\_\_\_ ; % of total served? \_\_\_\_\_  
(Must meet Bureau of Census' definition of "severely disabled.")
    - ii) Elderly individuals How many? \_\_\_\_\_ ; % of total served? \_\_\_\_\_
    - iii) Homeless individuals How many? \_\_\_\_\_ ; % of total served? \_\_\_\_\_
    - iv) Abused children How many? \_\_\_\_\_ ; % of total served? \_\_\_\_\_
    - v) Battered spouses How many? \_\_\_\_\_ ; % of total served? \_\_\_\_\_

vi) Illiterate Adults                      How many? \_\_\_\_; % of total served? \_\_\_\_

vii) Persons living with AIDS                      How many? \_\_\_\_; % of total served? \_\_\_\_

viii) Migrant Farm Worker                      How many? \_\_\_\_; % of total served? \_\_\_\_

2)      Female heads-of-household:                      How many? \_\_\_\_; % of total served? \_\_\_\_

3)      Minority persons:                      How many? \_\_\_\_; % of total served? \_\_\_\_

Note: HUD considers the following ethnic groups minorities:

Asian

Pacific Islander

Black or African American

Hawaiian/Part Hawaiian

American Indian or Alaska Native

L.      Identify sources of estimates in question “K” above. (e.g. past 2 years experience; 2000 Census; Kauai Data Book)\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

M.      Data on household size and income of each person in the household is required to verify the percentage of low- and moderate-income beneficiaries. For example, if there are 2 adults and 2 children in the household, each individual’s income, including children, must be included in determining the total household income. **All income information must be verified with documentation kept on file.** (Refer to “Verification of Income & Assets” policy.) Describe how you plan to obtain the verification required to document the number of low- and moderate-income beneficiaries. (Refer to the income inclusions section in the fact sheet and 24 CFR 5.609 for income inclusions and exclusions.)

N.      Provide information on the need for this project by addressing the following questions. Keep responses brief and to the point.

1)      Why is this project needed?

- 2) How have you determined that there is a need for this project?
- 3) What activities will be undertaken by this project?
- 4) What will the immediate and long-term benefits be for the community?
- 5) How significant will the impact be on the community and why?
- 6) Are you aware of services or activities similar to your project provided by other organizations on Kauai? ☐ Yes ☐ No If yes, list the services or activities and describe your efforts and/or plans to minimize duplication of services.



**Part III**  
**PROJECT READINESS**

- A. Will all funding be in place by next July 1? ☐ Yes ☐ No  
If not, can the project proceed without the funding? Explain.
- B.
- 1) Are your immediate neighbors aware of and support your project? ☐ Yes ☐ No  
If yes, describe how they were informed and how they support your project. Provide documentation, e.g. support letters, newspaper clippings.
  - 2) Is the community in which your project is proposed, aware of and support your project?  
☐ Yes ☐ No If yes, describe how they were informed and how they support your project. Provide documentation, e.g. support letters, newspaper clippings.
  - 3) Does your project affect any government agencies? ☐ Yes ☐ No If yes, identify which agencies? Are they aware of and do they support your project? Provide documentation, e.g. support letters, newspaper clippings.
  - 4) Is there any opposition to your project? ☐ Yes ☐ No If yes, describe.
- C.
- 1) What is the anticipated starting date of your project? \_\_\_\_\_
  - 2) How long will the project take to complete? \_\_\_\_\_
  - 3) When will the CDBG funds be expended? \_\_\_\_\_

- D. List the project staff, their positions, experience and qualifications, and the percentage of time that each will be involved in this project. (Attach resumes.) Identify the key person who will be in charge of the project and perform daily management functions and administrative responsibility? If a position is vacant, attach a position description including minimum qualifications required.
- E. If your project requires professional consultants, (a) list the type of consultants you need and (b) describe their scope of work.
- F. If your project relies on participation by another organization, list the organization(s) and describe their role(s). Attach commitment letter(s) from the organization(s).
- G. For Economic Development projects, attach a 3-year business plan that includes proposed jobs to be created or retained.

**H. For projects that involve construction**

- 1) Type of construction being proposed:
  - a. \_\_\_\_ New construction. (Residential construction is ineligible for CDBG.)
  - b. \_\_\_\_ Minor repairs. (Less than 25% of the value of the building.)
  - c. \_\_\_\_ Major repairs. (If greater than 75% of the value of the building, project is considered new construction and is ineligible for CDBG funds.)
  - d. \_\_\_\_ Addition or expansion of existing building.
- 2) Scope of Work. Attach a detailed description of the work to be done, including plans, photographs and other information describing the work to be performed.
- 3) Cost Estimate. Attach a detailed cost estimate and indicate the date the estimate was prepared, the person who prepared it, and his/her address and telephone number.
- 4) Property Ownership. Does your project involve construction or activities on property not owned by you? ☐ Yes ☐ No  
If yes, attach documentation showing you have permission from the property owner to undertake the project.

## I. Site Characteristics

- 5) Environmental. Provide information relating to the following environmental categories. Check all that apply and explain how these categories will be affected by the project. If an Environmental Assessment (EA) has been prepared, attach a copy.
- . ☐ Historic Properties
  - . ☐ Flood Plain Management and Wetlands Protection
  - . ☐ Coastal Zone Management
  - . ☐ Sole Source Aquifers
  - . ☐ Endangered Species
  - . ☐ Wild and Scenic Rivers
  - . ☐ Air Quality
  - . ☐ Farmlands Protection
  - . ☐ Noise level of surrounding activities
- 2) Site Selection Standards Information. If applicable, attach plans and Federal/State/County verification on the information below. Describe if current land designation permits the proposed use or if the current level of service is adequate for the proposed use. If not, provide estimated time, cost, and likelihood to change designation or improve level of service to allow the project to proceed.
- a. Existing County Zone \_\_\_\_\_
  - b. Existing General Plan land use pattern designation for the area \_\_\_\_\_
  - c. State land use classification \_\_\_\_\_
  - d. Road access (private, county, state, federal) \_\_\_\_\_
  - e. Water service \_\_\_\_\_
  - f. Sewer service \_\_\_\_\_
  - g. Electrical service \_\_\_\_\_
- 3) Site Description. Attach maps and surveys, if applicable.
- a. Land Area \_\_\_\_\_
  - b. Building Size & Description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - c. Located in flood zone?    ☐ Yes    ☐ No    Attach a copy of the Federal Insurance Rate Map (FIRM) and identify the location on the map.

4) Project Site.

e. Describe current site use:

f. Property vacant or occupied? \_\_\_\_\_

If occupied, name of occupant(s). \_\_\_\_\_

g. Name of legal owner of property. Submit a copy of the deed or lease. \_\_\_\_\_

h. If applicant does not currently control site, describe time, cost, and steps to acquire site control.

i. Will your project involve temporary or permanent relocation of residents or businesses?  
[ ] Yes [ ] No If yes, describe your relocation plan including estimated costs to relocate residents or businesses.

**I. PROJECT SCHEDULE:** Complete the attached “Project Schedule”. Instructions are included to assist you. (Attachments – 2 pages.)

**Part IV**  
**FINANCING**

A. List all funding sources proposed to be used for the project, total amount requested, and the status of the funding. Use the following status: Committed; Tentatively committed; Funds Requested Only; Funds Not Yet Requested. **Copies of commitment letters or requests must be attached.**

FUNDING SOURCES	AMOUNT	STATUS	LOAN OR GRANT
CDBG		Requested Only	
<b>TOTAL FUNDS</b>			

B. Project Budget

Complete the attached "Project Budget" form. If you prefer to use your own budget format, you must include the funding sources for each line item similar to the attached form. (Attachment - 1 page.)

**NOTE:** Personnel costs (including "Administration: project management") may not exceed 20% of CDBG funds.

## Part V

### EXPERIENCE AND QUALIFICATIONS

- A. Has your organization been previously awarded CDBG funds in the last 5 years? ☐ Yes ☐ No  
If yes, list the project name, date awarded, funded amount, and status (C=complete; P=pending; I=in progress) of each project.
- B. Has your organization received other Federal, State, local government or private financial assistance within the last 5 years? ☐ Yes ☐ No  
If yes, provide name of grantor, date awarded, amount of grant, status of project, and brief statement of project achievement.
- C. Briefly describe your organizations qualifications, covering the following points. (150 words maximum.)  
(a) The purpose and goals of your organization. (b) Prior (last 3 years) and current activities that qualify the organization to carry out the proposed project. (c) How you coordinate with other organizations to achieve your goals.
- D. Do your organization's by-laws, articles of incorporation or management policies include a conflict of interest policy which meets HUD regulations as stated in 24 CFR 570.611? ☐ Yes ☐ No  
If yes, identify and attach document with your conflict of interest policy highlighted. If no, how will you comply with 24 CFR 570.611?

**Part VI**

**ATTACHMENTS CHECKLIST** Tab all attachments with dividers.

**A. EXCEPT FOR A GOVERNMENT AGENCY, ALL APPLICANTS MUST SUBMIT THE FOLLOWING DOCUMENTS.**

- \_\_\_ Authorization Letter to Request Funds - meeting minutes or other communication authorizing application for CDBG funding.
- \_\_\_ Executed copy of Charter or Articles of Incorporation and By-laws or Management Policies. (Highlight conflict of interest policy.)
- \_\_\_ Documentation of Compliance to National Objectives - maps and/or other data to justify benefiting one of the national objectives.
- \_\_\_ Financial Statement/Audit Report – most recent reports.
- \_\_\_ IRS Tax-exemption certificate - Non-profit organizations must submit 501(c)(3) determination.
- \_\_\_ Insurance/Bond/Worker's Compensation.
- \_\_\_ List of Current Officers/Boards of Directors. (Include position title, address, telephone number, date of expiration of term of office, and occupation.
- \_\_\_ Organizational Chart.
- \_\_\_ Resumes of Chief Program Administrator and Chief Fiscal Officer. (2)
- \_\_\_ Resumes & position descriptions of all staff persons who will be involved in this project (No. \_\_\_\_).
- \_\_\_ Funding commitment and/or request letters (No. \_\_\_\_).
- \_\_\_ Project support letters (No. \_\_\_\_).

**B. SUBMIT THE FOLLOWING DOCUMENTS AS APPLICABLE TO YOUR PROJECT.**  
**For Construction Projects**

- \_\_\_ Plans and Specifications.
- \_\_\_ Cost Estimates.

**For Economic Development Projects**  
\_\_\_ 3-year business plan.

- Other Attachments: (Specify.)**
- \_\_\_ Environmental Assessment.
  - \_\_\_ Disability & Communications Access Board Review.
  - \_\_\_ Project Policies or Rules.
  - \_\_\_ Federal Insurance Rate Map (FIRM).